PTO/SB/17 (10-08)

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Under the P	aperwork Reduction Act	от тава, по ре	rson are required to	respond to a colle				control number	
Foor pursuant to			mplete if Knov						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number Filing Date		10/585,464-Conf. #5882 May 3, 2007			
FEE TRANSMITTAL				First Named Inventor Marsha A. Mo		NO OC			
For FY 2009				Examiner Name		A. M. Harris			
X Applicant claims small entity status. See 37 CFR 1.27						1643			
TOTAL AMOUNT OF PAYMENT (\$) 531.00				7 St Olik			285.70006US01		
	01200:10000								
METHOD OF PAYMENT (check all that apply)									
Check x Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES Small Entity				SEARCH FEES EXA Small Entity		INATION FEES Small Entity	6		
Application T	<u>vpe</u> <u>Fee</u>		(\$) Fee (\$		Fee (\$		Fees I	Paid (\$)	
Utility	33		55 540	270	220				
Design	22	-	10 100	50	140				
Plant	22	_	10 330	165	170				
Reissue	33		55 540	270	650				
Provisional	22	0 1	10 0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Probability and Color Probability								26	
Each independe				220	110				
Multiple depen	•	Ū	ĺ				390	195	
Total Claims	Extra Clair	ms Fee	(\$)F	Fee Paid (\$)		Multiple Dependent Claims			
31 -20 or HP 11 x 26.00 =			00 =	286.00		Fee (\$)	Fee Paid (5)	
HP = highest num					_				
Indep. Claims	Extra Clair		(\$)F	ee Paid (\$)	_				
	- 4 or HP = ber of independent clair	ms paid for if o	reater than 3.	*****	-				
3. APPLICATIO		, ,							
If the specifica	ation and drawings	exceed 100	sheets of paper	(excluding ele	ctronically	filed sequence or	r computer		
listings und	ier 37 CFR 1.52(e)]), the applic	ation size fee du	e is \$270 (\$13	5 for small	entity) for each a	additional 5	0	
	action thereof. See				•	5 5 - (A)	F	Deid (A)	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)								Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 2252 Extension for response within second month 245.00									
SUBMITTED BY		_//							
Signature		F14	AUFIL	Registration No. _(Attorney/Agent)	55,15	1 Telephone	617.646	3.8000	
Name (Print/Type)				. * 7		Date March 9, 2009			
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I hereby certify that this paper (along with any paper refe	erred to as being attached or enclosed) is being transmitted via the Office electronic filing						
system in accordance with § 1.6(a)(4).	Signature: Leen MacMar (Fleen MacKenzie)						
Dated: March 9, 2009	Signature: (Elleen MacKenzie)						
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